Annual Lifeline Eligible Telecommunications Carrier Certification Form

All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

439044			
Study Area Code (SAC)			
	must provide a certification form for each SAC through which it provides Lifeline service).		
OK	Head Start Telecom, Inc.		
State	ETC Name		
dartphone	N/A		
DBA, Marketing or Other Branding Na (If same as ETC name, list "N/A" Do not leave bla	me Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)		
Does the reporting company have affili	ated ETCs? Yes No X		
determined in accordance with Section 3(2) of the	e reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) nder common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47		
Affiliated ETC's SAC	Affiliated ETC's Name		
formation, or other similar legal document laws (or partnership agreement), and would	an occupant of a position listed in the article of incorporation, articles of An officer is a person who occupies a position specified in the corporate bytypically be president, vice president for operations, vice president for finance, tion. If the filer is a sole proprietorship, the owner must sign the certification.		
Section 1: Initial Certification All ET	Cs must complete this section		
I certify that the company listed above has	ertification procedures in place to:		
that, to the best of my knowledge, the	bility documentation prior to enrolling a consumer in the Lifeline program, and company was presented with documentation of each consumer's household prior to his or her enrollment in Lifeline; and/or		
B) Confirm consumer eligibility by relyin Lifeline administrator prior to enrolling	ing upon access to a state database and/or notice of eligibility from the state a consumer in the Lifeline program.		
I am an officer of the company named ab above. Initial	ove. I am authorized to make this certification for the Study Area Code listed		
0.			

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled <u>prior</u> to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
13,435	0	208	10,207	3,020

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)		
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt		
3,020	901	2119	19	2138		

K	L	
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enro scheduled to be de- a result of finding o ineligibility by state administrator, ETC eligibility database,	nrolled as f access to
0	0	

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Initial_s

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through Jam an officer of the company named above. I am authorized to make this certification for the SAC listed above.

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

(List database or name of administrator here)

Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial

OR

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de- enrolled or schedul to be de- enrolled a result of non-respo or ineligibility	s a ineligibility or non-response
3020	2138	71%

Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Y 41	BACK!	OB			10
Is the	LI	C P	re-	raid	1.

Yes X

No 🗆

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P		Q
Month	Subscrib	ers De-Enrolled for Non-Usage
January	1670	
February	1199	
March	2395	
April	1090	70
May	870	
June	662	
July	628	
August	607	
September	593	
October	498	
November	377	
December	476	
Total Subscribers		11,065

Signature Block

By signing below, I certify that the compa	ny listed above is	in compliance w	ith all federal	Lifeline certification
procedures. I am an officer of the compa		I am authorized	d to make this	s certification for the
Study Area Code (SAC) listed above.				
^				

Signed

Signature of Office

scott.cathey@headstarttelecom.con

Email Address of Officer

Scott Cathey

Person Completing This Certification Form

Scott Cathey / President

Printed Name and Title of Officer

01/21/2015

Date

405-533-3957

Contact Phone Number

Affiliated ETCs

SAC	Name
11111	
	A
445	
	1000